

Foster Family Home - Corrective Action Report

Provider ID: 1-512419

Home Name: Filma Benigno, CNA

Review ID: 1-512419-8

94-302 Hilihua Way

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 2/20/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Annual inspection conducted for this 3 bed home. A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 3/22/2020.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)
CG#1, #2, CG#3, HHM#1, and HHM#2 e-Crim lapsed.
CG#1 last did on 1/23/18. Was due on or before 1/23/20.
CG#2 last did on 1/4/18. Was due on or before 1/4/20.
CG#3 last did on 12/20/17. Was due on or before 12/20/19.
HHM#1 last did on 1/23/18. Was due on or before 1/23/20.
HHM#2 last did on 1/23/18. Was due on or before 1/23/20.

8.(a)(2)
CG#2 and CG#3 APS/CAN lapsed.
CG#2 last did on 1/9/18. Was due on or before 1/9/20.
CG#3 last did on 12/20/17. Was due on or before 12/20/19.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

41.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(a)(3)

No work experience for CG#3 in binder.

41.(a)(4)

No approved Caregiver in the home upon CTA arrival and for a minimum of 2 hours after.

41.(b)(7)

CG#2 TB lapsed. Was last done on 2/27/17. Was due on or before 2/27/18, and again for 2019.

41.(b)(8)

CG#3 CPR/First Aid has lapsed/expired. Was last done 12/2/17. Was due on or before 12/2/19.

41.(b)(8)

CG#3 Bloodborne pathogen has lapsed. Last done 12/13/17. Was due on or before 12/13/18, and again in 2019.

41.(c)

CG#2 did not complete 8 hours of annual training in 2019, had 12 in 2018

CG#3 did not complete 8 hours of annual training in 2019. last training documented was in 2017.

41.(e)

CG#3 does not have CTA approval form in binder.

41.(g)

CG#2 and #3 have no RN skills checks for client #1- Client requires a Hoyer lift for transfers.

41.(j)

41.(j)(2)

No approved caregiver at home upon CTA arrival. Spouse and daughter were home, but are not caregivers. Spouse stated that he was a caregiver, then stated that he was a less than 3 hour caregiver. This home is certified for 3 clients. There are no less than 3hour caregivers allowed in a 3 client home.

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3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

- (3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.
- (3P)(b)(3) Staff There is no provision for a three-hour or less substitute caregiver in CCFFHs with three clients in the home. If CTA approved an SCG for three hours or less, that approval applies only for one or two clients in a home.
- (3P)(b)(4) Staff To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

(3P)(b)(2) Staff
No Caregiver sign in/sign out book available in the home.

(3P)(b)(3) Staff
(3P)(b)(4) Staff

An approved caregiver, with a minimum of a CNA was not available in the home upon CTA arrival and for a minimum of 2 hours after. PCG was at MD appointment with another client.

Client in the home requires a Hoyer lift. No trained personnel available for swafe transfers of client.

Foster Family Home

Client Care and Services

[11-800-43]

- 43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)
CG#2 and CG#3 not delegated for Client #1. Unable to assess Client #2 as binder and Client not currently in the home.

Foster Family Home

Fire Safety

[11-800-46]

- 46.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and

Comment:

46.(b)(1)
No trained caregiver available in the home upon CTA inspection for Client #1 that requires equipment and specialized training for transfers.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1) Fire
Only Fire drills for July and December 2019 available in the home. Home has pre-filled out Fire drill for March 2020

(3P)(b)(6) Fire
No Fire drill for CG#2 or CG#3 in 2019.

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Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1)

No Physician order for restraints for Client #1

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e)

The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1)

PCG concerned that CTA inspection should have been a scheduled appointment.

Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(a)

No policy and procedures/admission policy available in the home.

53.(b)(15)

Under the My choice, My way new federal HCBS rules there are no set visiting hours allowed. Home has posted visiting hours on front door.

Julie Hastings BSN, RN
Compliance Manager

Primary Care Giver

2/20/2020
Date

2/20/2020
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Filma Benigno
CCFFH Address: 94-302 Kilihua way Waikehu HI 96727

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(3P) Staff (b)(2)	Made a CG sign in/sign out sheet and placed in binder.	03/14/20	From now on all approved CG's will be informed to sign in and out before and after reporting to work.
(b)(3)	PCG returned home immediately after client #2 MD appointment.	02/20/20	From now on only approved SCG's will be present in any event I have to leave the home.
(b)(4)	All SCG's & PCG have completed annual training for operations to a hoier lift.	04/21/20	PCG will maintain annual training certifications for all trained personnel.
(3P) Fire (b)(1)	Monthly fire drill for April 2020 has been fulfilled.	04/01/20	Fire drills will be completed every month starting May 2020 and so on.
(b)(6)	CG#2 and CG#3 yearly fire drill info cannot be corrected for the year 2019 has ended	04/27/20	All CG's once a year fire drills will be planned to take on every July of every year.

Primary Caregiver's Signature: Filma Benigno

Print Name: FILMA F. BENIGNO Date of Signature: 4/27/2020

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Filma Benigno

CCFFH Address: 94-308 Hilihua way Waipohu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
11-800-41-(a)(3)	Obtained work experience and inserted in binder.	03/21/20	All CG's will have work experience in binder prior to working.
(a)(4)	CG#1 came home.	02/20/20	I will make sure all clients are left with only approved CG's.
(b)(7)	New TB clearance obtained for CG#2, completion date: 01/06/2020	04/18/20	I will now and in the future make a note as a reminder for all CG's; TB clearance, CPR/First Aid, bloodborne pathogens, and annual training certifications to always be provided in binder.
(b)(8)	New Bloodborne pathogens & CPR/First Aid certifications obtain for CG#3	04/13/20	
(c)	Obtained new annual training certifications for CG#2 & #3.	04/13/20	
(e)	Found CTA approval form for CG#3 in binder dated: 06/27/12.	04/13/20	Will make a note to keep binder organized so it can be found easily on next visit.
(g)	All CG's are trained to operate a Hoyer.	04/21/20	Hoyer is always placed in an area of the home where its always available when transferring client #1.
(j) & (j)(2)	CG#1 returned home immediately after Client#2 doctor's appointment.	02/20/20	From now on I will make sure approved CG's are present in any event that i am not home.

Primary Caregiver's Signature: Filma F. Benigno

Print Name: FILMA F. BENIGNO

Date of Signature: 4/27/2020

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Filma Bendigno
CCFFH Address: 94-302 Millihua Way Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
11-800-8 (a)(1)	Obtained current criminal history records for CG#1, #2, #3, HHM#1 and #2.	03/11/20	I will from now on and for future reference keep a reminder in my calendar for at least 2-3 months prior to expiration dates for all CG's and HHM's e-crim reports & CG's APS/CAN reports.
(a)(2)	Obtained current APS/CAN for -CG#2 -CG#3	12/31/20 03/23/20	

Primary Caregiver's Signature: Filma F. Bendigno

Print Name: FILMA F. BENDIGNO

Date of Signature: 4/27/2022

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Filma Benigno

CCFFH Address: 94-302 Hillihua Way, Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43 (c)(3)	Made a service plan for all clients.	04/14/20	Service plans are now placed in Client #1 and client #2 binders for all SCG to follow.
11-800-46 (b)(1)	PCG returned home immediately after Client#2 MD appointment	02/20/20	PCG & all SCG's have been certified thru required training to operate special equipment for client #1. Certifications are in binder.
11-800-47 (d)(1)	Verified with MD for any orders on restraints.	04/14/20	Client #1 does not have physician orders for restraints.
11-800-50 (e) & (e)(1)	Kept in mind that CTA visits are announced and unannounced.	02/20/20	Doors will always be open to home visits and approved SCG's will be present at all times.
11-800-53 (a)	Made a policy & procedures guideline.	04/24/20	Policy & procedures guidelines are now placed in binder.
(b)(15)	Removed Visiting hours from front door.	04/27/20	Read the new federal HCBS rules and from now on will keep in mind that there are no set visiting hours allowed.

Primary Caregiver's Signature: Filma F. Benigno

Print Name: FILMA F. BENIGNO

Date of Signature: 4/27/2020

☒ CTA has reviewed all corrected items